

## REGISTRATION

### Pediatric Developmental Screening Conference

April 15, 2009

8:30 a.m. to 4:00 p.m.

Dartmouth-Hitchcock Medical Center

Auditorium G

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(organization name)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city, state) (zip)

Billing address: \_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city, state) (zip)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## PAYMENT METHOD

Registration fee: \$25.00 (includes lunch and snacks)

☐ Check (payable to NH Pediatric Society)

☐ MasterCard

☐ Visa

Card number:        -        -        -

Expires:        /

Signature: \_\_\_\_\_

Mail form with check or fax form to:

NH Pediatric Society

7 North State Street

Concord, NH 03301-4018

Fax: 603 226 2432

New Hampshire Pediatric Society  
7 North State Street  
Concord, NH 03301-4018

# UNIVERSAL DEVELOPMENTAL SCREENING



*Who needs it?*

*Who does it?*

*Who pays for it?*

*What tools should I use?*

New Hampshire's Pediatric Society  
and Special Medical Services  
Invite You to an Open Forum on  
the Early Identification of  
Developmental Disabilities  
and Referral Resources



April 15, 2009  
Dartmouth-Hitchcock Medical Center  
Lebanon  
Auditorium G  
8:30 a.m.–4:00 p.m.  
◆ Lunch, CMEs, CEUs provided ◆